

VERMONT2012

Restoration of the Department of Mental Health

Report from the Commissioner of Mental Health
and the Commissioner of Health to the General Assembly
January 15, 2012

VERMONT

Department of Mental Health

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Status Report of Implementation of ACT 15 (2007)

I. Legislative Intent

On or before January 15, 2008, and on January 15 of every even-numbered year thereafter, the secretary of human services, the commissioner of health, and the commissioner of mental health shall jointly report to the general assembly. The report shall describe the relationship between the commissioner of health and commissioner of mental health and shall evaluate how effectively they and their respective departments cooperate and how effectively the departments have complied with the intent of this act. The report shall address prevention, early intervention, and chronic care health services for children and adults, coordination of mental health, substance abuse, and physical health services, and coordination with all parts of the health care delivery system, public and private, including the office of the Vermont health access, the office of alcohol and drug abuse, and primary care physicians.

In addition to the restoration of a Department of Mental Health and a Commissioner of Mental Health, ACT 15 created a statutory framework in which the Department of Mental Health is charged to ensure the coordination of mental health, physical health and substance abuse services across the publicly-funded and private health care delivery system. The following report provides a summary of the current efforts of the Department of Mental Health (DMH) and the Department of Health (VDH) to ensure the coordination and integration of mental health, physical health, and substance abuse services.

II. Relationship between the Department of Mental Health and the Department of Health

The Commissioners of the Department of Mental Health and the Department of Health are committed to the holistic wellbeing of Vermont's population and believe this can only be accomplished through the seamless integration of physical health, mental health and substance abuse services. The work of both departments is focused on the development, promotion and support of policy and evidence-based practices that support the coordination and integration of health, mental health, and substance abuse. Despite the physical separation of DMH and VDH offices (DMH moved its offices from the Department of Health building in Burlington to Waterbury in December 2009, and the two departments no longer share a common infrastructure for information technology and business operations), both departments have continued to develop and support a number of ongoing initiatives to enhance coordination and integration.¹ As such, the commissioners of DMH and VDH maintain regular contact to ensure cross-departmental communication and support for those multiple initiatives, and multiple staff from both departments are involved in collaborative efforts to support these initiatives. As departments within the Agency of Human Services, both DMH and VDH Commissioners

¹ It is worth noting that, as a result of the displacement of Department of Mental Health staff from their location in Waterbury due to Tropical Storm Irene, the DMH Children's Unit is now co-located with the Department of Health in Burlington. This co-location, although temporary, is likely to continue until new permanent space is created and the Department of Mental Health staff are reunited.

participate in weekly Commissioner meetings with the Secretary of Human Services. These meetings provide a routine venue to discuss collaborative projects and identify opportunities for collaboratively addressing identified issues. Both departments have also been represented by commissioners and deputy commissioners at the Governor's monthly health cabinet meetings, a forum that offers yet another chance to coordinate work.

III. Current Integration and Coordination Initiatives Supported by DMH and VDH

The Department of Mental Health and the Department of Health continue to operate within a public health model² that focuses on *prevention, early intervention, and chronic care health services for children, adults and families*. In addition, we support the coordination of mental health, substance abuse, and physical health services, and coordinate with all parts of the health care delivery system, public and private, including the Department of Vermont Health Access (DVHA), the VDH Division of Alcohol and Drug Abuse Programs (ADAP), and primary care physicians. The following list highlights many of the specific activities on which VDH and DMH actively collaborate.

Blueprint for Health: Vermont has been working to increase access to health care, which includes access to integrated mental health and substance abuse care, through the expansion of Vermont's *Blueprint for Health*. The Vermont Blueprint for Health is a state-led program designed to meet the Triple Aim, as promoted by the Institute for Healthcare Improvement, to improve the health of the population; enhance the patient experience of care (including quality, access, and reliability); and to reduce, or at least control, the per capita cost of care.³ The foundation of the Blueprint model is the Advanced Primary Care Practice (synonymous with patient-centered medical home) that meets patients' and families' needs by coordinating seamlessly with a broad range of health and human services. As the Blueprint expands statewide, DVHA, DMH and ADAP have been working to increase the availability and quality of integrated care in a number of ways, which include the following.

- ◆ In 2011 Vermont was selected to participate in a national policy summit on the integration of health, mental health and substance abuse care, and, through participation in the summit, developed a comprehensive work plan to increase integration. A number of goals of the plan have already been achieved, and DVHA, DMH and VDH continue to work with providers, consumers and family members to implement other elements of the plan.
- ◆ Through the development of patient-centered medical homes, DVHA, DMH and ADAP have been working to improve the capacity of these medical homes statewide to provide mental health and substance abuse care to both individuals with mental health and substance abuse needs who are served primarily by primary care practices and individuals with opiate addictions who are seeking medication-assisted substance abuse treatment.

² As part of its new strategic plan for 2011 - 2013, DMH has adopted the public health model as a core component of its system improvement priorities.

³ <http://www.ihl.org/offerings/Initiatives/TripleAim/Pages/Approach.aspx>

- ◆ DVHA, DMH and ADAP have been working to create a systemic framework for the coordination of specialty substance abuse and mental health care with patient-centered medical homes for individuals with significant health and mental health and/or substance abuse needs who are being served by a medical home and receiving services at state-designated or preferred mental health and substance abuse providers.
- ◆ DVHA, DMH and ADAP have been working with community mental health and substance abuse providers to support the inclusion of mental health and substance abuse health information into Vermont's development of comprehensive Health Information Exchange.
- ◆ In the coming year, DVHA, DMH and ADAP also plan to support the development of capacity within specialty substance abuse and mental health settings to provide coordinated health care services for individuals who are receiving significant treatment services through a designated/preferred community provider.

Health Care Reform: As the state implements Act 48, ***an act relating to a universal and unified health system***, DMH and VDH will be working with state workgroups to ensure that mental health and substance abuse care is accessible and integrated within the unified health system that is being developed. This includes current efforts to integrate public mental health and substance abuse services into Vermont's unified health system.

Co-location of Children's Mental Health and Health Services: VDH and DMH continue to support the co-location of mental health professionals (social worker or psychologist) in numerous pediatric and family practices throughout Vermont to increase access to mental health screening, assessment, and brief intervention and support within primary care.

Child Psychiatric Consultation and Training: Through contracts with Otter Creek Associates and the University of Vermont (UVM), VDH and DMH are working to increase the availability of child psychiatric case consultation and provider education to primary care providers to enhance their ability to respond to the mental health needs of their patients.

Developmental Screening in Primary Care: VDH, with the support of DMH, continues to collaborate with the American Academy of Pediatrics, the American Academy of Family Practice, the UVM Vermont Child Health Improvement Program (VCHIP), and DVHA to implement early and continuous developmental screening of young children in primary care settings. Vermont pediatricians have been national leaders in developing standards for pediatric care and have been at the forefront of creating the new national screening guidelines, *Bright Futures*. VDH is actively working with VCHIP to create and promote a list of appropriate developmental screening tools that can identify physical, psychological, and social risks that may affect healthy development in infants and children. The mental health services referenced in this report will serve as referral resources for children who are identified, through developmental screening, as needing mental health intervention.

Integrated Family Health Care Planning: DMH and VDH are actively working with the University of Vermont and DVHA (with legislative participation) on the development of a broad-based model that would provide an integrated and coordinated public and private system of social, emotional, and behavioral health care for children and their families in Vermont. These efforts aim to keep healthy children, youth, and families well; protect those at risk; and provide services and supports to those in need. This model will incorporate “lessons learned” from many of the current children’s health/mental health pilots (see above) and will include co-location of mental health services in primary care offices, consultation and education for primary care providers, case management for families who are identified at primary care offices, and tele-psychiatry to help close the gap of psychiatric services in rural Vermont.

School Health, Mental Health, and Substance Abuse Prevention: DMH is currently working with VDH and the Department of Education to 1) implement Positive Behavioral Interventions and Supports in schools and 2) revise the School Nurse manual to include additional information addressing psychosocial and mental health needs of students.

Integrated Family Services: DMH and VDH actively participate in the Agency of Human Services (AHS) Integrated Family Services initiative, which includes representatives from each of the AHS departments that serve children (0-22) and the Department of Education (DOE). This group is working to identify and undertake changes in policy and internal operations (services, service design, grants, payment structures, *etc.*) that are needed to improve outcomes and achieve integrated child and family-centered responses from the various AHS and DOE programs.

Children’s Psycho-pharmacy: DMH is currently working with DVHA and UVM to evaluate and improve the use of psychopharmacological interventions for children and adolescents among public and private practice prescribers.

Health Information Technology (HIT)/Health Information Exchange (HIE): Through support of VDH, DMH, DVHA, and the Department of Innovation and Information (DII), Vermont is working to establish and support a superior HIT/HIE system. At this time the effort is focused on both the increased use of Electronic Health Records/Electronic Medical Records for all health providers and the appropriate inclusion of mental health and substance abuse health information in Vermonter’s electronic health records.

Tele-health/Telemedicine: DMH and AHS are among the Vermont participants in the New England Tele-health Consortium (NETC), a federally-funded, nonprofit health care organization focused on the provision of increased access to healthcare services, health information exchange services, research and education by enhancing broadband capacity to support existing programs, and the implementation of more effective and sustainable tele-health services in New England. DMH is also working with DVHA to establish Medicaid reimbursement for the use of telemedicine for psychiatric care and has been

supportive of work through the University of Vermont to establish tele-psychiatry fellowships that would provide two days/week of psychiatric consultation and care at two Federally Qualified Health Centers.

DVHA Chronic Care Management and Care Coordination Programs: DMH continues to collaborate with DVHA in coordinating care through two programs for Medicaid beneficiaries with the greatest need for managing one or more chronic mental and physical conditions.

Expanded Health Screening at Designated Agencies: DMH is working with DVHA to expand selected health screening activities such as screening, assessment, and education to clients of the Community Rehabilitation and Treatment Programs at the ten Designated Agencies. These screenings would be done by qualified medical personnel and would focus on key chronic health risks and conditions such as diabetes, heart, and lung health.

Suicide Prevention: DMH and VDH have partnered with the Center for Health and Learning to further develop Vermont's suicide prevention programs and a suicide prevention platform for youth. VDH has an active surveillance role in identifying teen suicide through its Child Fatality Review Commission. DMH is also facilitating a public/private workgroup including members from VDH, ADAP, and DVHA to identify any specific, current trends in Vermont suicide data across the life span and to formulate recommendations within a public health framework as appropriate.

Mental Health for Elders: DMH continues to partner with the Department of Disabilities, Aging, and Independent Living (DAIL) to administer the ElderCare Clinician Program (ECCP) for providing mental health screening, assessment and treatment to elders age 60+.

Smoking Cessation: DMH and VDH continue to expand access to smoking cessation support for individuals with mental illness. Recent work has focused on the establishment of smoking cessation services for individuals with serious mental illness, as well as screening and referral at mental health agencies to identify clients who are interested in reducing their use of tobacco products. People indicating an interest in quitting are referred to smoking cessation support available through VDH.

Disaster Planning, an Integrated Mental-Health Response: VDH and DMH continue to collaborate in designing disaster-response plans as they relate to health and mental-health needs.

IV. Conclusion

As evidenced by the summary of activities and initiatives listed above, DMH and VDH are actively involved in supporting a number of activities to promote the coordination and integration of Vermont's mental health, health, and substance abuse services. Over the past two years, the number of projects, initiatives, activities, and planning focused on health/mental health/substance abuse integration has continued to grow, and the number

of public and private stakeholders involved in that work has also expanded greatly. These developments represent a significant improvement in the degree to which Vermont is focused on integration, and Vermont may soon reach a point where integration and coordination of health, mental health and substance abuse services is the norm.

However, as the number of initiatives, activities and stakeholders increase, there is an increased need for coordination to avoid fragmentation or duplication of efforts. As the Vermont Blueprint for Health continues to expand, DMH and VDH will continue to use this initiative to provide an organizing structure and vision for Vermont's integration and coordination efforts. Going forward, it will be imperative that the executive and legislative branches continue to support the inclusion of mental health and substance abuse integration as a prime feature of health care reform in Vermont (and at the national level as possible). In addition, the focus of improvements in care across all of health care must be based on a patient/consumer-driven philosophy, and the concepts of resiliency and recovery should be cornerstones of all health care efforts.